



# Facility Contact Information



**IMPORTANT:** *It is the role and responsibility of the User Account Administrator (UAA) to update facility contact information within MIRCal. Complete this form only if you are a new facility, or the UAA is unable to conduct user account and contact information maintenance within the MIRCal system.*

If this form has been sent to you by OSHPD with the contact information already completed, review it for accuracy, make any necessary corrections directly on the form and return it to OSHPD.

*Please print clearly.*

Facility Name:

Facility Identification Number:


**Primary Contact\*:**

Name (First, Middle Initial, Last, Credentials):

Title:

Phone Number:

Fax Number:

Mailing Address:

E-mail:


**Facility Administrator\*:** *(CEO or equivalent). This should be the person who directs the overall management of the facility.*

Name (First, Middle Initial, Last, Credentials):

Title:

Phone Number:

Fax Number:

Mailing Address:

E-mail:


**Secondary Contact (optional):**

Name (First, Middle Initial, Last, Credentials):

Title:

Phone Number:

Fax Number:

Mailing Address:

E-mail:


*\* MIRCal will generate important notices (approval letters, penalty letters, etc.) to the Primary and Facility Administrator Contacts.*

As verification, please sign and date this form, then fax to OSHPD at **(916) 322-9555**.

Verified by:

Print Name

Title/Position

Signature

Date